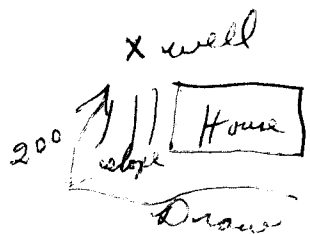


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

1. Location of well: County <u>Howe</u> <u>Shickler</u>		Fraction <u>SE 1/4 SE 1/4 NE 1/4</u>	Section number <u>7</u>	Township number <u>T 11 S</u>	Range number <u>R 26 E</u>
2. Distance and direction from nearest town or city: Street address of well location if in city: <u>3 M of Quinter</u>			3. Owner of well: <u>Richard E Ringler</u> R.R. or street: City, state, zip code: <u>Quinter Kansas</u>		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: 		6. Bore hole dia. <u>9</u> in. Completion date <u>8-18-80</u> Well depth <u>128</u> ft.	
5. Type and color of material		From	To	7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
				8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
				9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>30 lbs.</u> lbs./ft. Dia. <u>5 1/2</u> in. to <u>128</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>4 200d</u>	
				10. Screen: Manufacturer's name _____ <u>Jess Lowell</u> Type <u>PVC</u> Dia. <u>5"</u> Slot/gauze <u>1/8-1/16</u> Length <u>8'</u> Set between <u>120</u> ft. and <u>128</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>14-36</u>	
				11. Static water level: _____ mo./day/yr. <u>65</u> ft. below land surface Date <u>8-18-80</u>	
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>20</u> g.p.m.	
				13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
				14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> inches above grade <input checked="" type="checkbox"/> Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>4</u> ft. to <u>14</u> ft.	
				16. Nearest source of possible contamination: ft. <u>200</u> Direction <u>S</u> Type <u>Draw</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: _____ Not installed Manufacturer's name <u>Goelds</u> Model number <u>13EM</u> HP <u>1</u> Volts <u>220</u> Length of drop pipe <u>105</u> ft. capacity <u>13</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other	
18. Elevation:		19. Remarks:		20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>B+B Drilling</u> <u>376</u> Business name _____ License No. _____ Address <u>Shickler, KS</u> Signed <u>Joseph Beckman</u> Date <u>9-15-80</u> Authorized representative	

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

T 11 R 26 E S 27 SE 1/4 1/4 0/4